

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10008945	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
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Total Indep	5									
Total Depend	25									
Total Claims	30									

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